



## 2009 Non-Affiliate Instructions

Pursuant to the legal authority of Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, the Victim Compensation and Government Claims Board (VCGCB) reviews applications from organizations to (1) be included, by name, in the literature distributed during the 2009 CSECC and (2) receive contributions that State officers and employees may designate to the organization.

**These instructions are to assist you in ensuring that your organization provides all the information necessary for the VCGCB's review and approval of your application.**

### FILING DEADLINE

Applications must be postmarked no later than **February 2, 2009.**

All applications must be **complete** and filed by the deadline in order to be considered. Applications received with a postmark after the deadline may be denied.

- Facsimile applications **will not be** accepted. Photocopies of the application are acceptable only with a new **original** signature.
- Any blank areas may result in the application being returned for incompleteness. If an item does not apply to the organization, write "n/a."

### REQUIRED DOCUMENTS

Applicants are required to provide a copy of their organization's **IRS 501(c)(3) exemption letter** every two years or if there is a change to the exemption. If this document is required, it will be clearly indicated on the first page of the application.

The following documentation is required from all applicants:

- 501(c)(3) exemption letter from the Internal Revenue Service (IRS) **AND**
- If the organization name does not match the name stated on the 501(c)(3) exemption letter, then the following is also required:
  - Fictitious Business Name Statement  
AND
  - Copy of the Amendment to the Articles of Incorporation  
OR
  - Copy of the amended IRS 501(c)(3) exemption letter  
OR
  - Other legal documentation verifying the name change.

### **FORM INSTRUCTIONS**

Place an "X" next to the appropriate box to indicate if your organization is a "New Applicant" or "Previous Participant."

### SECTIONS

#### **A. ORGANIZATION NAME**

##### **Legal Name**

- The legal name of the organization, as indicated on the 501(c)(3) exemption letter, must be provided in this section.

##### **Other Name**

- If the organization name does not match the name on the 501(c)(3) exemption letter, is known by another name or would like contributions directed to a specific program within the organization, please complete this section by placing an "X" next to the appropriate box. **Supporting documentation must be submitted with the application for organization name changes.**
- For organizations doing business as ("D.B.A.") appropriate documentation must be included (for example a D.B.A. statement, amendment to the articles of incorporation, a fictitious business name statement). Please indicate "D.B.A." by placing an "X" next to the appropriate box.
- If the organization is also known as ("A.K.A.") another name, but has not legally changed the name, please indicate "A.K.A." by placing an "X" next to the appropriate box.

#### **B. PHYSICAL ADDRESS AND MAILING INFORMATION**

##### **Organization Type**

Place an "X" next to the appropriate box to indicate if your organization is a "Federation Member," "Independent" or a "Federation."

- **Federation Member:** A non-profit organization is considered a "Federation Member" if it is a member of an umbrella organization traditionally referred to as a "Federation." Member agencies are usually listed in the CSECC Donor Resource Guide under the federation organization with which they are affiliated. An organization will be listed under one federation only.
- **Independent:** An independent organization is a non-profit agency that is **not** under an umbrella organization, such as a federation. Independent organizations are usually listed in the CSECC Donor Resource Guide under "No Federation Listed."
- **Federation:** A federation is defined as any organization that represents **itself and 2 or more member agencies** in the CSECC. Typically, federations are listed in the CSECC Donor Resource Guide alphabetically. Federations should not complete section D as their organization information will have already been provided in sections A-C.

### Physical Address

**All** applicants must provide a valid and current physical address.

### Mailing Address

The mailing address provided may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide.

Please write "Same" if the mailing address is the same as the physical address.

If the organization is a **member of a federation**, the applicant may choose:

- to have mail sent directly to the applicant's mailing address in Section B by placing an "X" in the "**Direct Mail**" box.

OR

- to have all mail directed to the federation mailing address by placing an "X" in the "Send mail to my federation" box. Please make certain that the federation information in Section D is complete.

### C. CONTACT INFORMATION

Provide the contact information for the staff member at the organization who will be the primary contact for the 2009 CSECC.

- Information provided in this section may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide.

### D. FEDERATION INFORMATION

Complete this section **ONLY** if your organization is a member of a federation.

If you are filing this application on behalf of an independent organization or federation, write "n/a" in this section.

### E. DESCRIPTION OF ACTIVITIES

Provide a statement (25-word maximum) describing the organization's activities. Statements exceeding 25 words will be edited by the VCGCB.

- Do not include the name of your organization, phone number, website or e-mail address, as they will already be listed.
- This statement may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide.

### F. AREAS OF SOLICATION

Place an "X" in the box next to the county(ies) in which you wish to solicit donations.

If your organization solicits statewide, please place an "X" in the box next to "STATEWIDE" only.

### G. AREAS OF SERVICE

Place an "X" next to the box(es) that describe the organization's activities. If none of the categories describe the organization's areas of service, please place an "X" next to "Other" and provide a description.

### CONDITIONS FOR APPROVAL

After carefully reading this section **sign and date the application**. Print or type the name of the authorized officer and his or her title.

An "authorized officer" may be anyone in the organization with the delegated authority to sign on behalf of the organization. **Stamped, faxed or copies of signatures will not be accepted.**

## IMPORTANT

Organizations may submit only one application. If a duplicate application is received, the organization will be notified that only one application will be accepted.

If a second application as an "affiliate" member of a Principal Combined Fund Drive Agency in addition to this application is received, neither application will be processed until it is determined which designation is correct.

**Return completed applications by U.S. Postal Service to:**

**Victim Compensation and Government Claims Board**

**Attn: CSECC / Marilyn Louie**

**P.O. Box 48**

**Sacramento, CA 95812-0048**

# CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN

Administered by the Victim Compensation and Government Claims Board

N

2009 Non-Affiliate Application  
FILING DEADLINE: February 2, 2009

N

**Organization Status** (Required)

- ☐ New Applicant  
☐ Previous Participant

**Federal Tax Identification Number:**

(Current and valid ID number required)

**IMPORTANT**

- ☒ A copy of IRS 501(c)(3) **must be submitted** for this organization.  
☐ A copy of IRS 501(c)(3) is not required for this organization.

- Participating organizations must submit a copy of the organization's IRS 501(c)(3) tax exemption letter every two years. This requirement will be clearly specified above.
- New applicants **must** submit a copy of the organization's IRS 501(c)(3) tax exemption letter with this application.
- If the **name** on the IRS 501(c)(3) tax exemption letter **does not match** the organization name below, proper documentation must be included authorizing a legal name change. (See instructions for examples of acceptable documentation.)
- If the organization is doing business as ("D.B.A."), appropriate documentation must be included. (See instructions.)

## A. ORGANIZATION NAME

**LEGAL NAME** (must match name on IRS 501(c)(3), proper documentation must be submitted to authorize any name change)

**OTHER NAME** (if same as above, please write "same")

☐ D.B.A ☐ A.K.A ☐ Program Name

## B. PHYSICAL ADDRESS AND MAILING INFORMATION

**ORGANIZATION TYPE** (Choose one)

- ☐ **Federation Member**, please indicate mailing preference:  
☐ Direct mail - send mail to my mailing address  
OR  
☐ Send mail to my federation (in Section D)

☐ **Independent**  
(Independent Organization)

☐ **Federation**  
(Represents itself and 2 or more agencies)

**PHYSICAL ADDRESS** (Required for all applicants)

Address – No P.O. Boxes

City

State

Zip Code

**MAILING ADDRESS** **Note:** This address may be posted on the VCGCB website and in the CSECC Donor Resource Guide.

Address (Please write "Same" if mailing address is the same as the above physical address)

City

State

Zip Code

### C. CONTACT INFORMATION

Provide the contact information for the organization member who will be the primary contact for the campaign year. (This information may be posted on the VCGCB website and in the CSECC Donor Resource Guide.)

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Title: \_\_\_\_\_ Website: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

### D. FEDERATION INFORMATION

This section is for federation member agencies only. Independent organizations and Federations should indicate "N/A".

Federation Name: \_\_\_\_\_ Federation State: \_\_\_\_\_  
 Federation Address: \_\_\_\_\_ Federation Zip Code: \_\_\_\_\_  
 \_\_\_\_\_ Federation contact name, if known: \_\_\_\_\_  
 Federation City: \_\_\_\_\_

### E. DESCRIPTION OF ACTIVITIES

The information provided in this section may be posted on the VCGCB website and in the CSECC Donor Resource Guide. Statements exceeding the maximum word length will be edited.

**New Applicants:** Please provide a statement (25-word maximum) describing your organization's activities. Do not include the name of your organization, phone number, website or e-mail address in your statement, as they will already be listed.

**Previous Applicants:** If no statement is below, please provide a new statement (25-word maximum). If your organization's statement has been provided, modifications can be made by lining out text and indicating the requested revision or by attaching a separate page.

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### F. AREAS OF SOLICITATION

Indicate which county (ies) the organization solicits contributions by checking the adjacent box.

If the organization solicits contributions from all counties in California, please indicate that by placing an "X" in the "STATEWIDE" box only.

- |                                       |                                      |                                    |  |  |   |
|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|
| <input type="checkbox"/> Alameda      | <input type="checkbox"/> Glenn       | <input type="checkbox"/> Marin     | <input type="checkbox"/> Placer          | <input type="checkbox"/> San Mateo     | <input type="checkbox"/> Sutter           |
| <input type="checkbox"/> Alpine       | <input type="checkbox"/> Humboldt    | <input type="checkbox"/> Mariposa  | <input type="checkbox"/> Plumas          | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Tehama           |
| <input type="checkbox"/> Amador       | <input type="checkbox"/> Imperial    | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Riverside       | <input type="checkbox"/> Santa Clara   | <input type="checkbox"/> Trinity          |
| <input type="checkbox"/> Butte        | <input type="checkbox"/> Inyo        | <input type="checkbox"/> Merced    | <input type="checkbox"/> Sacramento      | <input type="checkbox"/> Santa Cruz    | <input type="checkbox"/> Tulare           |
| <input type="checkbox"/> Calaveras    | <input type="checkbox"/> Kern        | <input type="checkbox"/> Modoc     | <input type="checkbox"/> San Benito      | <input type="checkbox"/> Shasta        | <input type="checkbox"/> Tuolumne         |
| <input type="checkbox"/> Colusa       | <input type="checkbox"/> Kings       | <input type="checkbox"/> Mono      | <input type="checkbox"/> San Bernardino  | <input type="checkbox"/> Sierra        | <input type="checkbox"/> Ventura          |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Lake        | <input type="checkbox"/> Monterey  | <input type="checkbox"/> San Diego       | <input type="checkbox"/> Siskiyou      | <input type="checkbox"/> Yolo             |
| <input type="checkbox"/> Del Norte    | <input type="checkbox"/> Lassen      | <input type="checkbox"/> Napa      | <input type="checkbox"/> San Francisco   | <input type="checkbox"/> Solano        | <input type="checkbox"/> Yuba             |
| <input type="checkbox"/> El Dorado    | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nevada    | <input type="checkbox"/> San Joaquin     | <input type="checkbox"/> Sonoma        |   |
| <input type="checkbox"/> Fresno       | <input type="checkbox"/> Madera      | <input type="checkbox"/> Orange    | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Stanislaus    | <input type="checkbox"/> <b>STATEWIDE</b> |

## G. AREAS OF SERVICE

Place a check in the box(es) next to the category(ies) that best describe the organizations activities:

- |                                       |  |   |  |   |
|---------------------------------------|--|---|--|---|
| <input type="checkbox"/> Adoption     | <input type="checkbox"/> Art/Culture/Entertainment | <input type="checkbox"/> Family/Children's Services | <input type="checkbox"/> Neighborhood Community  | <input type="checkbox"/> Social Adjustment                        |
| <input type="checkbox"/> Advocacy     | <input type="checkbox"/> Basic Human Needs         | <input type="checkbox"/> Health                     | <input type="checkbox"/> Philanthropy            | <input type="checkbox"/> Special Groups                           |
| <input type="checkbox"/> Animals      | <input type="checkbox"/> Conservation              | <input type="checkbox"/> Home Ownership/Mgmt.       | <input type="checkbox"/> Safety Services         | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Education                 | <input type="checkbox"/> Info & Referral            | <input type="checkbox"/> Small Business Start-up | <input type="checkbox"/> Treatment Centers (drugs, alcohol, etc.) |
| <input type="checkbox"/> Other: _____ |  |   |  |   |

## CONDITIONS FOR APPROVAL

By signing this application, the organization applying to participate in the 2009 CSECC agrees to the following conditions:

We agree that:

- 1) Any Principal Combined Fund Drive (PCFD) agency approved by the Victim Compensation and Government Claims Board (VCGCB) for the 2009 CSECC may, prior to transmitting the contributions designated to our organization, deduct a percentage for reimbursement of PCFD fundraising and administrative expenses. The VCGCB-approved percentage rate for this deduction will be published in the CSECC literature distributed by the PCFD to State officers and employees.
- 2) We shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling or changing any requested payroll deduction, in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f).

We acknowledge that:

- 1) This original application form must be **complete** and postmarked no later than the February 2, 2009 filing date specified by the VCGCB. A timely submission is necessary to ensure that our organization will, if approved by the VCGCB, be included by name, in the CSECC literature distributed by the respective PCFD to State officers and employees.
- 2) If the VCGCB requests information supporting a certification of eligibility, the information must be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant.

We certify under penalty of perjury that:

- 1) We are currently a charitable organization qualified as "exempt" under Section 23701(d) of the California Revenue and Taxation Code and paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
- 2) We are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900).
- 3) Our organization, its Board Members and Executive Officers are not in violation of any State of California or federal laws and regulations.
- 4) We have completed this application, and to the best of our knowledge, all of the answers are true, correct and complete.
- 5) We further acknowledge that the VCGCB may elect to de-certify an organization that makes a false certification and/or engages in illegal activity, after approval.

## SIGNATURE

\_\_\_\_\_  
Original Signature of the organization's authorized officer (ink only - no photocopies)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/typed name and title of organization's authorized officer

Send completed application and required documentation by U.S. Postal Service to:

Victim Compensation and Government Claims Board

Attn: CSECC / Marilyn Louie

P.O. Box 48

Sacramento, CA 95812-0048

For more information about CSECC and answers to frequently asked questions, please visit [www.vcgcb.ca.gov/csecc](http://www.vcgcb.ca.gov/csecc).